



Monday March 5, 2018

**Committee on Veterans' Affairs Public Hearing Testimony
Julie Peters, Executive Director, Brain Injury Alliance of CT**

I am testifying today representing the Brain Injury Alliance of Connecticut in support of ***SB. No. 284: An Act Concerning Benefits For Certain Veterans Who Have Been Diagnosed With Post-Traumatic Stress Disorder Or Traumatic Brain Injury Or Who Have Had An Experience Of Military Sexual Trauma***

For over 35 years, the Brain Injury Alliance of Connecticut (BIAC) has been the only non-profit organization in the State exclusively dedicated to providing individual consultation, resources, and support services to brain injury survivors, their families, their caregivers, and the professionals who serve them. BIAC's services for veterans include a toll free helpline staffed by trained brain injury specialists, a database of resources, combat veteran support groups, and workshops at BIAC's Annual Conference.

As you know, TBI is the signature injury of the recent conflicts. The DOD estimates that between 60-80% of all wounds sustained in theatre may involve head injury. According to the Defense and Veterans Brain Injury Center, most recent studies and research data note that up to 44% of military personnel with concussion may also suffer from PTSD.

The way in which military personnel may sustain a brain injury are numerous and too expansive to fully identify within this context. However, common causes include combat/IED blasts, being struck by rocket propelled grenades, open penetration from an assault weapon (gun), being struck by debris, vehicle rollovers and crashes, and falls either in combat or during training.

The physical and medical consequences of a brain injury can be very serious and cannot be minimized. However, it is the cognitive, emotional, and behavioral consequences that are often more problematic in everyday living. Some of these impairments can persist for years, if not for a lifetime. They include compromised ability for analytical thinking and decision making, exercising good judgment and problem solving, understanding complex information, memory, learning new skills and information, and effective communications and social interactions with others. Something as seemingly simply as scheduling and getting to a medical appointment or completing necessary paperwork may often prove too complex and difficult for the individual to complete independently. Support services and programs are crucial and life-saving in these circumstances.

People with brain injury have greater vulnerability for a host of mental health issues. PTSD with brain injury is very common in this population and often a concomitant diagnoses. Many of the symptoms of PTSD also overlap with those of brain injury, and it is often times difficult (if not impossible) to fully separate the two. A person

experiencing both a brain injury AND PTSD has an even greater path toward recovery. This absolutely will not be achieved without adequate access to services, supports, and programs.

A person with a traumatic brain injury may require intervention and ongoing treatment in any number of ways. Interventions may include medical stabilization and long term follow up, ongoing treatment from a number of specialists including neuropsychology, psychiatry, physical and occupational therapy, vestibular therapy, vision therapy, cognitive rehabilitation, psychosocial counseling for self and within family context, a full and extensive array of mental health services and supports, and vocational rehabilitation services. Behavioral health services are also a very common support service for individuals with traumatic brain injury. If needed, these services must be fully accessible and provided in an interdisciplinary team framework for optimization of positive outcomes.

One of the most common behavioral/cognitive issues after a brain injury is that of impulsivity and the ability to manage negative emotions such as frustration, anger, and sadness. Even what may be considered a “mild” brain injury can reduce an individual’s decision making capacity and ability to adhere to behavioral norms. It may be difficult to carry out even the simplest of life activities and routines. A behavior which might appear as aggressive or noncompliant may be directly related to the individual’s inability to fully comprehend and manage the situation at hand. This may in turn be a significant factor causing someone to incur a less than honorable discharge.

Army officials have confirmed that at least 22,000 combat veterans have received less-than-honorable discharges since 2009, many for minor offenses like alcohol use or lateness. (Military Times 3/7/2016). It is also critical to understand that the very issues that a soldier may struggle with after a brain injury, such as following rules, managing frustration and anger, inhibiting inappropriate behaviors, are the very types of performance issues that may cause the person to receive a less –than-honorable discharge.

For many of these veterans who may have PTSD or TBI, this discharge will cause the loss of almost all veterans’ benefits, regardless of the circumstances surrounding the discharge. Veterans can appeal, but with the burden of proof on the veteran, appeals are most often denied. Most times, the process of appeal is complex and involves multiple steps. This type of activity may be particularly difficult for someone with a brain injury to complete on their own because of cognitive impairments. This makes it even more unlikely that the individual will be able to navigate the process of effectively advocating for the necessary eligibility and subsequent services for recovery and safe, independent living.

So, at a time when veterans need the mental and physical health supports the most, they are unable to access them. We know the risk of suicide among veterans is 21% higher when compared to civilians and that rate jumped more than 32% from 2001-2014. We know veterans returning from combat struggle with issues that the civilian population cannot even imagine.

Unfortunately, this bill will not fix all the issues, as federal level programs may continue to be unavailable. But Connecticut does offer programs which include transitional

housing, substance abuse recovery programs, and tuition waivers which would assist veterans with PTSD, TBI, and/or have experienced military sexual trauma.

This is where we can fight for them, just as they have fought for us. And it is the least we can do for those whose struggles are as a result of their valiant service. Now is a time when Connecticut can do what the federal government has not been able to do and guarantee state benefits to those veterans diagnosed with PTSD or TBI who have received an other-than-honorable discharge. Please pass Senate Bill 284 and let our veterans know that Connecticut honors their sacrifice.

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Reference for % brain injury/PTSD – (original source) Hogue CW, McGurk D, Thomas JL, Cox AL, Engel CC, Castro CA, Mild Traumatic Brain Injury in U.S. Soldiers returning from Iraq. N Engl J. Med. 2008 Jan 31;358 (5) 453-63